

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **10/598403**
Filing Date

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	2	↓		↓						
TOTAL DEP.			←	10	←		←						
TOTAL CLAIMS			10	10	10		10						